S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 88-257 as arrended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Nee Only Read THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
1 File Number U 16026	2 Fiscal Year Covered From 1	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Ronald M Kirk	Name LIUNA Local 1214	
	Labor Organization File Number 006-072	
PO Sox Bldg Room No fany p O Box 248	PO Box Building and Room Number If any P 0 Box 761	
Street	Street	
Cây Marion	City Paducah	
State Kentucky ZIP Code + 4 42064-0248	State Kentucky ZIP Code + 4 42002-0761	
Fosition in labor organization Vice President Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7.a Nature of Interest, Transaction or Income	
Name		
Trade Name if any		
PO Box Bldg Room No if any	7 b Amount	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanuate undersigned's knowledge and belief true correct, and complete (See the subsigned).	rying documents) has been examined by the signatory and is to the best of the ection on penalties in the instructions)	
1// / //	On 03/30/2006 (270) 988-1700	

Name of Person Filing Ronald Kirk	File Number U-	
B Held an interest in or derived income or economic benefit with monetary valuable substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business welly seeking to represent, or irectly to or otherwise	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Ky Laborers Apprenticeship & Training Fund	a Labor Organization	
Trade Name if any Laborer	b Trust	
PO Box Bidg Room No if any	c Employer	
Street 2000 By-Pass South City Lawrenceburg		
State Kentucky ZIP Code + 4 40342		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Apprenticeship Coordinator of Ky Laborers Apprenticeship & Training Fund/Full Time Employee of	
Trade Name if any	Fund	
PO Box Bidg. Room No if any		
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4	Salary	
	Bonus \$542 Reimbursments \$172	
	12 b Amount \$58 910	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.a Nature of payment	
Name		
Trade Name if any		
PO Box Bldg Room No if any		
Street		
City		
State ZiP Code + 4		
13.b Is the Business an Employer or Consultant ?	14 b Amount of payment.	

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U S Department of Labor Office of Labor Management Standards Washington DC 20210

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Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

This report is inarroadily under P. L. do 257 as americed. Pariors to comply may room	, , , , , , , , , , , , , , , , , , , ,	
E (0.1)	LY BEFORE PREPARING THIS REPORT	
L MS DROP		
1 File Number U 21068	2 Fiscal Year Covered From	
	01 / 01 / 2005 Through 12 / 3/ / 2005	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name John G Graziade.	Name Plumbers Local Union #24	
-	Labor Organization File Number 6-10963	
P O Box Bldg Room No If any	P O Box Building and Room Number if any	
Street 118 Wyoming St	Street 986 Jo. Springfield Auc	
City Westfield	Street 986 So. Springfield Auc City Springfield	
State New Yersey ZIP Code + 4 0 > 0 90	State New Jersey ZIP Code + 4 870 71	
5 Position in labor organization Easining Board Member		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of		
monetary value from an employer whose employees your organizat	7 a Nature of Interest Transaction or Income	
6 Name and address of Employer (including trade name if any)		
Name		
Trade Name If any		
PO Box Bidg Room No If any	7 b Amount	
Street		
City		
State ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed John Granisa:	On 3/27/06 908-654-6711 Date Telephone Number	

Name of Person Filing John & Graziadei	File Number U
B Held an interest in or derived income or economic benefit with monetary vali substantial part of which consists of buying from selling or leasing to or otherw of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent or irectly to or otherwise
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State IP Code + 4 10 if 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City State LIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer 11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Plum hers Local Loc	12 b Amount To parts A and B above) or other thing of value 14 a Nature of payment W-2 Salary and Expenses for Continuing education B. United Association Instructor Training Classes Ann Arhor, Michigan 14 b Amount of payment 3,360,24